



301 ACT Drive  
PO Box 4071  
Iowa City, IA 52243-4071

**TN**

ACT High School Code Number:

Date: \_\_\_\_\_

## Test Accommodations Coordinator Header

(For ACT Statewide or District Choice Testing)

**ACT-Approved Accommodations – Deadline: February 2, 2009\***

**State-Allowed Accommodations - Deadline: March 6, 2009\***

This envelope contains \_\_\_\_\_ completed accommodations request forms for  
(number)  
**Statewide or District Choice Testing from:** (if any of the information pre-printed below is incorrect, please correct it.)

\_\_\_\_\_  
(Name of high school)

\_\_\_\_\_  
(Phone number including area code and extension)

\_\_\_\_\_  
(Shipping address, No PO Box Number)

\_\_\_\_\_  
(Fax number including area code)

\_\_\_\_\_  
(City & State)

\_\_\_\_\_  
(ZIP code)

**Test Accommodations Coordinator:** *(This form must be signed by the **same** individual who signed the Test Accommodations Coordinator Agreement on file at ACT for the current year.)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
TAC E-mail

\_\_\_\_\_  
Phone

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review the following instructions/checklist prior to sending completed ACT Statewide or District Choice Testing accommodations request forms to ACT:**

- ✓ All information has been completed on each request form.
- ✓ All required documentation to support each request has been included.
- ✓ The student/parent and school official have signed and dated the accommodations request form.
- ✓ **This header must accompany each group of completed request forms returned to ACT.**

**Submit applications by the appropriate deadline above\* to:**

**ACT State Test Accommodations - TN**  
**301 ACT Drive**  
**PO Box 4071**  
**Iowa City, IA 52243-4071**